

Provider: _____

District: _____

**ABBOTT SCHOOL DISTRICT
2002-2003 ECPA PROVIDER TRANSFER FORM**

	Budget Line Item Description	Budget Category	(1) Original Allocation Amount	(2) Allocation Amount Before Transfer	(3) Increase or Decrease	(4) Allocation Amount After Transfer
From						
To						
From						
To						
From						
To						
From						
To						
From						
To						
From						
To						
From						
To						
From						
To						

TOTALS	*	**	*
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* Column totals must agree.

** Column total must equal zero.